

*RETURN TO FMF - LOCATION 7540

Pre-Edit

QUERY CONTROL FORM		RTIS USE ONLY	
Application No. <u>101092-654</u>	Prepared by <u>RWP</u>	Tracking Number _____	
Examiner-GAU <u>Sanza L McClendon</u>	Date <u>4/14/2004</u>	Week Date _____	
<u>1711</u>	No. of queries <u>(1)</u>	_____	

JACKET			
a. Serial No.	f. Foreign Priority	k. Print Claim(s)	p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	q. PTOL-85b
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other

SPECIFICATION	MESSAGE
a. Page Missing	<p><u>Improper Dependency - Claim 9 (original claim 11) depends upon cancelled claim 10.</u></p> <p><u>Please supply corrected dependency.</u></p>
b. Text Continuity	
c. Holes through Data	
d. Other Missing Text	
e. Illegible Text	
f. Duplicate Text	
g. Brief Description	
h. Sequence Listing	
i. Appendix	
j. Amendments	
k. Other	<p><u>Thanks</u></p>
<p>CLAIMS</p>	
a. Claim(s) Missing	
<input checked="" type="checkbox"/> b. Improper Dependency	
c. Duplicate Numbers	
d. Incorrect Numbering	
e. Index Disagrees	
f. Punctuation	
g. Amendments	
h. Bracketing	
i. Missing Text	
j. Duplicate Text	
k. Other	
<p>RESPONSE</p>	
<p><u>Corrected. Claim 11 9</u></p> <p><u>now depends from claim 1</u></p>	
<p>initials <u>RWP</u></p>	
<p><u>SAC</u></p>	
<p>initials _____</p>	